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ABSTRACT

This brief "Kids Count" report explores the impact of and factors that bear on teen pregnancy in Montana and ways to prevent teen pregnancy. Statistics and summaries are provided in the following areas: (1) live births to women under age 20, 1990-95; (2) Montana's unmarried teen births as compared to neighboring states; (3) number of Montana teen pregnancies, by age and race, 1995; (4) factors that bear on teen pregnancy (poverty, sexual abuse, non-marital births, school performance, media influences on youth attitudes, teens' self-reported sexual activity); (5) social impact of teen pregnancies (on early childhood development, success in school, public assistance, employment); and (6) state and county data on total pregnancies and teen pregnancies by age. The section on prevention strategies for adolescent pregnancy includes discussion of prevention goals, principles of program development, guidelines for communities, and examples of education, contraceptive access, and multi-faceted programs aimed at preventing teen pregnancy. (EV)

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ED 432 383

montana kids count

Montana Special Report

1996/97 Report # 2

A Report On Teen Pregnancy In Montana

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"Teen Pregnancy is preventable but not without significant changes in the way we approach every aspect of young peoples lives." —Joy Dryfoos.

This profile explores the impact and factors that bear on teen pregnancy and how we might work together to make a difference.

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Overview

During the years 1993, 1994, and 1995, as is shown below, Montana births to women under age 20 and births to women under age 20 and unmarried has been fairly constant, however, this level is slightly above the 1990 values.

	1990	1993	1994	1995
# Live Births	11,602	11,362	11,062	11,136
% Births To Mothers Under Age 20	11.6%	12.4%	12.1%	12.7%
% Births to Mothers Under 20 & Not Married	8.0%	9.3%	8.4%	9.4%

Source: Montana Department of Public Health and Human Services, Vital Statistics Bureau.

Montana Vs Our Neighboring States

The following comparison of Montana and three neighboring states shows that Montana's births to unmarried teens is a greater percent of total births than those of the surrounding states.

Unmarried Teen Births	Montana	Idaho	South Dakota	North Dakota
Number In 1994	932	1,311	1,137	616
% of Total Births	8.4%	8.4%	10.2%	7.2%

Source: Source: Montana Department of Public Health and Human Services, Vital Statistics Bureau, and *latest Kids Count Data Books from Idaho, South Dakota and North Dakota.*

Number Of Montana Teen Pregnancies By Age & Race

Of total Montana pregnancies in 1995, 88% were to White women and 9.4% were to American Indian women. In pregnancies under 15 years of age, White females made up 69% and American Indian females made up 23% of this group.

Number of pregnancies by age & race

Race Of Mother	Total	Under 15	15 - 17	18 - 19
All Races	11,136	12	469	929
White	9,843	5	337	735
American Indian	1,040	6	123	182
Other	153	1	9	12

Percent of pregnancy by age & race as a percent of total teen pregnancy of a given race

	Total %	% under 15	% 15 - 17	% 18 - 19
All Races	1,410/100%	.85%	33.3%	65.9%
White	1,077/100%	.5%	31.5%	68.2%
American Indian	311/100%	1.9%	39.5%	58.5%
Other	22/100%	4.5%	40.9%	54.5%

Source: Montana Department of Public Health and Human Services, Vital Statistics Bureau.

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For more information contact Montana Healthy Mothers, Healthy Babies, in Helena, Montana at (406) 449-8611.

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Factors That Bear On Teen Pregnancy

Poverty

Most teen parents are living in poverty when their child is born. Many are poor even before they become pregnant, and have a bleak outlook which contributes to their having a child at an early age.

- 60% of teenagers who become pregnant are living in poverty at the time of birth.
- 50% who become pregnant as a teen never receive their high school diploma
- A majority of teen fathers do not receive a high school diploma by age 20

Source: National Organization on Adolescent Pregnancy, Parenting and Prevention, January, 1995

Sexual Abuse

Compared with adolescent women who became pregnant but had not been abused, victimized teenagers:

- began intercourse a year earlier.
- were more likely to have used drugs and alcohol
- were less likely to use contraception.
- more likely to have been hit, slapped or beaten by a partner
- more likely to have exchanged sex for money, drugs or a place to stay
- more likely to report that their own children had been abused or had been taken from them by Child Protective Services.

Two-thirds of a sample of 535 young women from the state of Washington who became pregnant as teens had been sexually abused:

- 55% had been molested
- 42% had been victims of attempted rape
- 44% had been raped

Source: *Boyer, Fine: Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment, Family Planning Perspectives 24:4, 1992*

In Montana, of the reported 130 arrests in 1995 for a sexual offense, 29 arrests were for offenses against a juvenile female victim.

Source: *Montana Board of Crime Control, 1996*

"An accurate appraisal of the situation is complicated by the fact that the negative outcomes of sex among teenagers are intertwined with such profoundly difficult issues as poverty, race, family structure and substance abuse."

Source: *The Alan Guttmacher Institute*

Non-Marital Births

From 1989-1995, there were 79,795 total live births in Montana. Of these, 3,145 births were to mothers under age 18. Of these mothers under age 18, 86.7% were unmarried.

Source: Montana Department of Public Health and Human Services, Vital Statistics Bureau

School Performance

Many teens who become pregnant have been doing poorly in school; often two to five years behind their peers in reading, writing and general comprehensive skills.

The following table represents the number of births (1995) to mothers younger than 18 years, her average education level, and average age and education level of the baby's father (as reported)

Source: Montana Department of Public Health and Human Services, Vital Statistics Bureau.

TEEN BIRTHS	MOTHER		FATHER	
Number	Age	Education	Age	Education
254	17 years	10.5	20.2 years	11.3
132	16 years	9.5	19.1 years	11.3
83	15 years	8.9	19.0 years	11.0
12	14 & under	8.0	17.0 years	10.0

Media Impacts On Youth Attitudes

By high school graduation, the average American teenager will have spent 15,000 hours watching television, compared to 12,000 hours spent in the classroom.

Prime-time television contains roughly three sexual acts per hour. Only one of every six acts of intercourse is between married couples.

In day time serials, favored by junior and senior high school students, there are more than three and one/half sexual acts per hour, and non-marital intercourse is portrayed twice as often as marital intercourse.

In a study of 13 and 14 year olds, heavy exposure to sexually oriented television increased acceptance of non-marital sex.

Adolescents who watch a lot of television consistently score lower on academic achievement tests.

Advocates for Youth, January, 1995

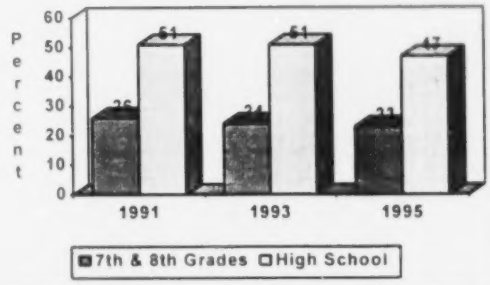
Montana Teens & Self-Reported Sexual Activity

When surveyed in 1995:

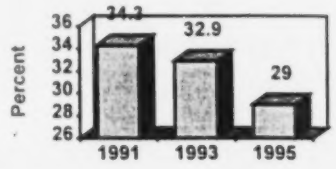
- 32% of teens 15 years old or younger reported having had sexual intercourse
- 47% of Montana high students reported having had sexual intercourse
- 26% of sexually active high school students reported they did not use a condom the last time they had sexual intercourse

Source for survey and charts: *1995 Montana Youth Behavioral Risk Survey, Office of Public Instruction*

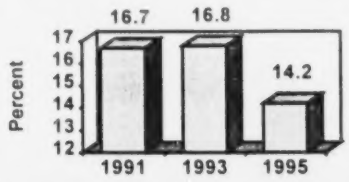
Percent Of Students Who Have Had Sexual Intercourse



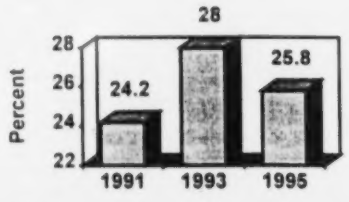
Percent Of High School Students Who, In Their Lifetimes, Have Had Sexual Intercourse With 2 Or More People



Percent Of High School Students Who Drank Alcohol Or Used Drugs Before The Last Time They Had Sexual Intercourse



Percent Of High School Students Who Used A Condom The Last Time They Had Sexual Intercourse



Cost Vs Benefit
(1994 Data)

- Children of teen mothers are more likely to grow up poor.
- Teen mothers can expect half the income of other teens when they reach adulthood
- In Montana, an unplanned pregnancy costs the public $6,528 (1994)
- Medicaid and WIC expenses average a minimum of $7,194 during the baby's first year (1994)
- Average first year Medicaid costs associated with a high-risk premature infant are $47,770 (1994).
- Long term savings are estimated to be $26 for each dollar invested in pregnancy prevention.

Source: *1996 Montana KIDS COUNT Data Book*

Social Impact Of Teen Pregnancies

Children born to teen mothers are more likely to:

- be low birth weight (births under 2,500 grams, or about 5 ½ pounds)
- or very low birth weight (births under 1,500 grams or 3.3 pounds)
- live in poverty
- experience child abuse and neglect
- experience failure in school

Teen mothers often delay prenatal care, have substandard nutrition and use alcohol, tobacco and other drugs during their pregnancies—all factors which place babies born to teen mothers at increased risk.

The following table illustrates the percent low and very low birth weight for infants whose mothers were 17 and younger.

Nationally, 53% of Aid to Families with Dependent Children (AFDC) goes to families formed by a teen birth.

Source: *National Organization on Adolescent Pregnancy, Parenting and Prevention, January, 1995*

AGE	LBW	VLBW
17 years	7.4%	1.7%
16 years	7.0%	1.2%
15 years	6.9%	2.0%
14 & younger	11.6%	4.7%

Source: *1996 Montana KIDS COUNT Data Book*

Early Childhood Development

- Children of teen parents have a higher risk of lower intellectual and academic achievements, lower educational expectations, behavior disorders and problems of self control than do children born to older parents.
- Children born to teens were more apt to be suspended or expelled. One study found that 50% of children of teen parents had failed a grade by age 17 — a rate 2.5 times than do children born to older mothers.
- Children of teenage mothers are at greater risk of growing up in a single parent family, of having less-educated and less securely-employed parents and therefore of spending more time living in poverty.

Source: *National Organization on Adolescent Pregnancy, Parenting and Prevention, January, 1995*

Success in School

- Only 30% of teenagers who give birth before age 18 ever complete high school, compared to 96% of those who do not have children before age 20.
- Thirty-nine percent of teen fathers receive their high school certification by age 20, compared to 56% who postpone parenting.

Source: *National Organization on Adolescent Pregnancy, Parenting and Prevention, January, 1995*

Public Assistance

- Nationally, 53% of Aid to Families with Dependent Children (AFDC) goes to families formed by a teen birth.*
- In SFY 1996, information is showing that medical care for a pregnant mother and her infant, through the first year of life, could cost an additional $4,956 to the Medicaid program.**
- In 1994, half of the twenty high cost Medicaid babies were to teenagers eighteen years of age or younger. Medicaid costs were $1,307,366 for these 10 babies.**

* **Source:** *National Organization on Adolescent Pregnancy, Parenting and Prevention, January, 1995*
** **Source:** Montana Department of Public Health and Human Services, Medicaid Services Bureau

Employment

Teen mothers are less likely than older mothers to have accumulated work experience before motherhood, making them less competitive in the labor market. The lower earnings and poorer job credentials of young mothers make it more difficult for them to progress in the labor market.

Teen mothers have lower career aspirations, lower wages and annual earnings, lower occupational prestige, less satisfaction with their job and career progress and spend less time on the job compared to their peers.

Teen fathers complete fewer years of schooling and are more likely to hold blue collar and lower prestige jobs than young men who delay parenting.

Teen mothers earn about half the lifetime income of women who first gave birth in their 20s.

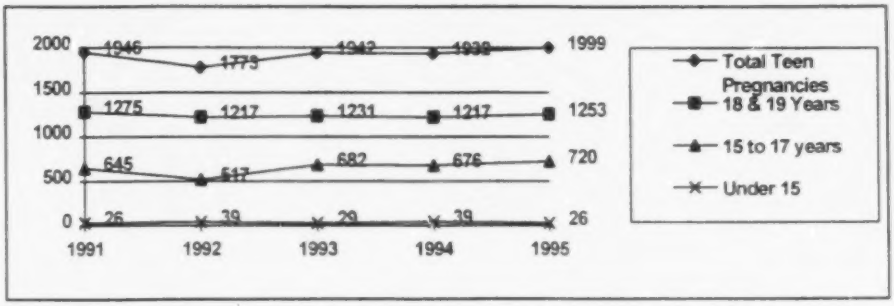
Teen parents are more likely to need public assistance to support their child and are less likely to find stable employment due to a lack of work experience and the lack of affordable child care.

Source: *National Organization on Adolescent Pregnancy , Parenting and Prevention, January, 1995.*

State & County Data — Total Pregnancies & Teen Pregnancies By Age

The adjacent graph shows teen pregnancy in Montana over a five year period by total teen pregnancies, for those 18-19 years of age, those 15-17 years of age, and for those under 15 years of age.

Source: *Montana Department of Public Health and Human Services, Vital Statistics Bureau*



The following chart shows the number and distribution of pregnancies, live births, fetal deaths and induced abortions by woman's age and county of residence in 1995 and a 5 year average by county. (See Definition On Page 11.)

County Of Residence	TOTAL		Under 15		15 - 17		18 -19	
	1995	5 year	1995	5 yr	1995	5 yr	1995	5 yr
State of Montana								
# Pregnancies	13426	68467	26	159	720	3490	1253	6193
# Live Births	11136	56526	12	73	469	2274	929	4512
# Fetal Deaths	67	367	—	—	3	13	8	32
# Induced Abortions	2223	11574	14	86	248	1203	316	1649
Beaverhead								
# Pregnancies	175	715	—	—	13	26	12	54
# Live Births	149	613	—	—	7	16	8	41
# Fetal Deaths	1	4	—	—	1	1	—	—
# Induced Abortions	25	98	—	—	5	9	4	13
Big Horn								
# Pregnancies	249	1356	1	8	22	109	33	162
# Live Births	226	1231	1	7	20	90	29	151
# Fetal Deaths	1	6	—	—	1	1	—	1
# Induced Abortions	22	119	—	1	1	18	4	10
Blaine								
# Pregnancies	97	621	—	2	9	48	12	73
# Live Births	87	573	—	1	6	40	10	68
# Fetal Deaths	1	4	—	—	—	—	—	—
# Induced Abortions	9	44	—	1	3	8	2	5
Broadwater								
# Pregnancies	54	289	—	—	1	13	5	25
# Live Births	48	235	—	—	1	7	5	19
# Fetal Deaths	1	2	—	—	—	—	—	—
# Induced Abortions	5	52	—	—	—	6	—	6

County Of Residence	TOTAL		Under 15		15 - 17		18 -19	
	1995	5 year	1995	5 yr	1995	5 yr	1995	5 yr
Carbon								
# Pregnancies	124	601	—	1	6	36	11	45
# Live Births	98	488	—	1	4	20	6	32
# Fetal Deaths	—	3	—	—	—	—	—	—
# Induced Abortions	26	110	—	—	2	16	5	13
Carter								
# Pregnancies	15	93	—	—	1	2	—	2
# Live Births	15	89	—	—	1	1	—	1
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	—	4	—	—	—	1	—	1
Cascade								
# Pregnancies	1461	7439	3	13	75	376	139	662
# Live Births	1280	6444	2	7	51	253	108	519
# Fetal Deaths	12	44	—	—	—	—	2	5
# Induced Abortions	169	951	1	6	24	123	29	138
Chouteau								
# Pregnancies	62	303	—	—	2	7	5	20
# Live Births	56	276	—	—	2	6	4	14
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	6	27	—	—	—	1	1	6
Custer								
# Pregnancies	158	938	—	—	12	50	20	99
# Live Births	133	795	—	—	7	33	16	80
# Fetal Deaths	—	6	—	—	—	—	—	—
# Induced Abortions	25	137	—	—	5	17	4	19

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County Of Residence	TOTAL		Under 15		15 - 17		18 -19	
	1995	5 year	1995	5 yr	1995	5 yr	1995	5 yr
Daniels								
# Pregnancies	23	106	—	—	1	5	3	7
# Live Births	22	98	—	—	—	1	3	6
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	1	7	—	—	1	4	—	1
Dawson								
# Pregnancies	97	541	—	—	2	18	7	61
# Live Births	90	484	—	—	2	12	7	45
# Fetal Deaths	1	4	—	—	—	—	—	—
# Induced Abortions	6	53	—	—	—	6	—	16
Deer Lodge								
# Pregnancies	129	616	—	2	7	47	20	78
# Live Births	108	505	—	—	4	28	16	62
# Fetal Deaths	2	3	—	—	—	—	—	—
# Induced Abortions	19	108	—	2	3	19	4	16
Fallon								
# Pregnancies	35	160	—	—	2	5	1	13
# Live Births	31	164	—	—	—	1	1	11
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	4	16	—	—	2	4	—	2
Fergus								
# Pregnancies	158	825	—	—	6	39	6	56
# Live Births	142	738	—	—	4	26	6	48
# Fetal Deaths	—	8	—	—	—	—	—	—
# Induced Abortions	16	79	—	—	2	13	—	8
Flathead								
# Pregnancies	1081	5384	3	13	54	291	121	533
# Live Births	842	4201	1	6	28	172	87	374
# Fetal Deaths	5	30	—	—	—	—	1	2
# Induced Abortions	234	1153	2	7	26	119	33	157
Gallatin								
# Pregnancies	975	4660	1	6	22	117	73	349
# Live Births	687	3472	—	4	15	65	39	171
# Fetal Deaths	6	24	—	—	—	—	—	1
# Induced Abortions	282	1164	1	2	7	52	34	177
Garfield								
# Pregnancies	17	84	—	—	—	—	—	12
# Live Births	16	76	—	—	—	—	—	9
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	1	7	—	—	—	—	—	3
Glacier								
# Pregnancies	233	1384	1	12	28	129	31	180
# Live Births	208	1208	1	5	26	106	27	141
# Fetal Deaths	—	4	—	—	—	—	—	—
# Induced Abortions	25	172	—	7	2	23	4	39
Golden Valley								
# Pregnancies	14	79	—	—	—	—	—	3
# Live Births	14	74	—	—	—	—	—	2
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	—	5	—	—	—	—	—	1
Granite								
# Pregnancies	32	146	—	1	4	7	—	12
# Live Births	28	124	—	1	2	4	—	11
# Fetal Deaths	—	1	—	—	—	1	—	—
# Induced Abortions	4	21	—	—	2	2	—	1
Hill								
# Pregnancies	293	1598	2	9	27	117	37	161
# Live Births	260	1421	1	5	22	96	26	125
# Fetal Deaths	1	7	—	—	—	—	1	1
# Induced Abortions	32	170	1	4	5	21	10	35

County Of Residence	TOTAL		Under 15		15 - 17		18 -19	
	1995	5 year	1995	5 yr	1995	5 yr	1995	5 yr
Jefferson								
# Pregnancies	98	542	—	1	3	31	7	40
# Live Births	92	486	—	1	3	18	6	33
# Fetal Deaths	1	2	—	—	—	1	—	—
# Induced Abortions	5	54	—	—	—	12	1	7
Judith Basin								
# Pregnancies	23	143	—	—	—	4	—	3
# Live Births	23	131	—	—	—	1	—	2
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	—	11	—	—	—	3	—	1
Lake								
# Pregnancies	340	1738	2	3	17	113	41	176
# Live Births	292	1490	2	2	15	90	35	146
# Fetal Deaths	3	15	—	—	—	2	1	3
# Induced Abortions	45	233	—	1	2	21	5	27
Lewis & Clark								
# Pregnancies	834	4079	1	13	49	208	80	359
# Live Births	669	3318	—	4	27	135	56	242
# Fetal Deaths	4	26	—	—	1	2	1	4
# Induced Abortions	161	735	1	9	21	71	23	113
Liberty								
# Pregnancies	25	143	—	—	4	8	—	3
# Live Births	21	131	—	—	2	5	—	2
# Fetal Deaths	1	1	—	—	—	—	—	—
# Induced Abortions	3	11	—	—	2	3	—	1
Lincoln								
# Pregnancies	247	1286	1	4	19	86	23	126
# Live Births	209	1107	—	2	13	57	20	110
# Fetal Deaths	5	10	—	—	—	1	2	3
# Induced Abortions	33	169	1	2	6	28	1	13
McCone								
# Pregnancies	23	124	—	—	—	2	1	10
# Live Births	19	112	—	—	—	1	—	7
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	4	12	—	—	—	1	1	3
Madison								
# Pregnancies	90	417	—	—	1	12	3	29
# Live Births	75	342	—	—	—	3	3	19
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	15	74	—	—	1	9	—	10
Meagher								
# Pregnancies	32	152	—	—	4	9	—	6
# Live Births	22	129	—	—	3	4	—	4
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	10	22	—	—	1	5	—	2
Mineral								
# Pregnancies	43	242	—	1	3	18	7	28
# Live Births	37	203	—	1	1	10	6	25
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	6	38	—	—	2	8	1	3
Missoula								
# Pregnancies	1441	7495	3	17	58	288	120	625
# Live Births	1110	5545	—	4	29	148	67	345
# Fetal Deaths	8	39	—	—	—	—	—	4
# Induced Abortions	323	1911	3	13	29	140	53	276
Musselshell								
# Pregnancies	64	261	—	1	2	14	6	31
# Live Births	59	222	—	1	1	9	5	20
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	5	38	—	—	1	5	1	11

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County Of Residence	TOTAL		Under 15		15 - 17		18 -19	
	1995	5 year	1995	5 yr	1995	5 yr	1995	5 yr
Park								
# Pregnancies	235	1162	—	—	10	47	11	74
# Live Births	198	984	—	—	4	31	8	53
# Fetal Deaths	1	7	—	—	—	—	—	1
# Induced Abortions	36	171	—	—	6	16	3	20
Petroleum								
# Pregnancies	5	30	—	—	1	3	1	2
# Live Births	4	24	—	—	—	—	1	2
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	1	6	—	—	1	3	—	—
Phillips								
# Pregnancies	76	391	—	—	4	19	6	28
# Live Births	66	340	—	—	2	12	5	23
# Fetal Deaths	—	6	—	—	—	—	—	—
# Induced Abortions	10	45	—	—	2	7	1	5
Pondera								
# Pregnancies	96	437	1	3	3	21	9	22
# Live Births	94	397	1	2	3	18	9	20
# Fetal Deaths	—	3	—	—	—	—	—	—
# Induced Abortions	2	37	—	1	—	3	—	2
Powder River								
# Pregnancies	30	143	—	—	1	5	3	8
# Live Births	26	131	—	—	—	3	3	8
# Fetal Deaths	—	1	—	—	—	0	—	—
# Induced Abortions	4	11	—	—	1	2	—	—
Powell								
# Pregnancies	95	440	—	—	5	40	11	35
# Live Births	82	377	—	—	4	25	6	22
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	13	62	—	—	1	15	5	13
Prairie								
# Pregnancies	11	62	—	—	—	3	1	5
# Live Births	9	55	—	—	—	1	—	4
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	2	6	—	—	—	2	1	1
Ravalli								
# Pregnancies	415	1924	—	2	24	99	21	153
# Live Births	359	1664	—	1	13	61	18	131
# Fetal Deaths	6	10	—	—	—	—	—	2
# Induced Abortions	50	250	—	1	11	38	3	20
Richland								
# Pregnancies	120	734	—	2	3	55	11	66
# Live Births	108	651	—	1	1	37	10	59
# Fetal Deaths	2	8	—	—	—	—	—	—
# Induced Abortions	10	75	—	1	2	18	1	7
Roosevelt								
# Pregnancies	220	1263	1	6	22	111	28	170
# Live Births	203	1134	—	4	19	92	28	153
# Fetal Deaths	—	6	—	—	—	1	—	2
# Induced Abortions	17	123	1	2	3	18	—	15
Rosebud								
# Pregnancies	201	1010	—	3	15	58	23	111
# Live Births	188	900	—	2	12	43	23	101
# Fetal Deaths	—	6	—	—	—	—	—	—
# Induced Abortions	13	104	—	1	3	15	—	10
Sanders								
# Pregnancies	129	592	—	3	17	45	17	69
# Live Births	112	522	—	2	13	34	13	56
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	17	69	—	1	4	11	4	13

County Of Residence	TOTAL		Under 15		15 - 17		18 -19	
	1995	5 year	1995	5 yr	1995	5 yr	1995	5 yr
Sheridan								
# Pregnancies	50	232	—	—	2	10	2	10
# Live Births	44	210	—	—	2	6	2	10
# Fetal Deaths	—	1	—	—	—	—	—	—
# Induced Abortions	6	21	—	—	—	4	—	—
Silver Bow								
# Pregnancies	514	2769	1	4	32	156	82	310
# Live Births	412	2246	—	1	22	106	61	220
# Fetal Deaths	1	14	—	—	—	3	—	1
# Induced Abortions	101	509	1	3	10	47	21	89
Stillwater								
# Pregnancies	97	472	—	—	5	26	4	33
# Live Births	83	405	—	—	3	14	4	25
# Fetal Deaths	—	2	—	—	—	—	—	—
# Induced Abortions	14	65	—	—	2	12	—	8
Sweet Grass								
# Pregnancies	39	192	1	1	2	7	4	15
# Live Births	33	169	—	—	2	5	2	13
# Fetal Deaths	—	2	—	—	—	—	—	—
# Induced Abortions	6	21	1	1	—	2	2	2
Teton								
# Pregnancies	87	433	1	2	4	11	6	25
# Live Births	84	399	1	2	3	8	6	20
# Fetal Deaths	—	3	—	—	—	—	—	—
# Induced Abortions	3	31	—	—	1	3	—	5
Toole								
# Pregnancies	67	341	—	—	4	14	6	33
# Live Births	60	310	—	—	2	10	4	27
# Fetal Deaths	—	2	—	—	—	—	—	—
# Induced Abortions	7	29	—	—	2	4	2	6
Treasure								
# Pregnancies	13	52	—	—	1	2	1	8
# Live Births	9	41	—	—	—	—	1	7
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	4	11	—	—	1	2	—	1
Valley								
# Pregnancies	108	569	—	3	7	36	7	59
# Live Births	99	508	—	1	4	23	7	54
# Fetal Deaths	1	7	—	—	—	—	—	1
# Induced Abortions	8	54	—	2	3	13	—	4
Wheatland								
# Pregnancies	33	178	—	—	1	9	6	11
# Live Births	29	157	—	—	1	7	5	8
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	4	21	—	—	—	2	1	3
Wibaux								
# Pregnancies	16	73	—	1	—	1	1	4
# Live Births	15	67	—	—	—	1	1	2
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	1	6	—	1	—	—	—	2
Yellowstone								
# Pregnancies	1984	10263	3	22	99	468	162	882
# Live Births	1651	8305	2	5	63	279	116	609
# Fetal Deaths	3	36	—	—	—	—	—	1
# Induced Abortions	330	1922	1	17	36	189	46	272
County Not Stated								
# Pregnancies	43	123	—	—	4	9	6	17
# Live Births	—	3	—	—	—	—	—	—
# Fetal Deaths	—	—	—	—	—	—	—	—
# Induced Abortions	43	120	—	—	4	9	6	17

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Adolescent Pregnancy: Prevention Strategies

ACKNOWLEDGMENTS

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Prevention Takes A Community

Teenage pregnancy is a public health issue. It is a *community problem requiring community solutions.* Action is needed at multiple levels. Communities need to come together to arrive at community solutions. Urban and rural solutions may be different. Experts agree specific programs targeting adolescent sexuality, contraceptive use, and pregnant or parenting teens are needed. Experts are also quick to point out that these programs will be unlikely to have any long-term impact unless the underlying issues of poverty, unemployment and school success are addressed. Programs that give youth a future have the best chance of reducing at-risk behavior among teens. Improving communication between teens and the adults in their lives needs to be addressed. Programs should target families and entire communities — not just at-risk teens.

All teens need access to comprehensive health and sexuality education programs to enable them to make mature choices about sexual activity. Adolescents who are sexually active need access to reliable contraceptive methods. High-risk teens need outreach and life options counseling. Montana's youth need to feel that they have a valued place in our society. They need opportunities to be validated in ways other than sexual activity and parenthood. If we are truly going to make a difference in the lives of teens, we must provide them with constructive alternatives to sex and violence. *Clearly the answer lies in community collaboration.*

— Maureen Moriarity, former Coordinator, Teen Health Project, Polson, Montana, 1996

Teen Pregnancy Prevention Goals:

Primary Prevention: prevent early onset of sexual activity

Secondary Prevention Goal: reduce the pregnancy risks for sexually active youth

Tertiary Prevention: facilitate development of parenting and life skills to prevent subsequent teen pregnancies

Source: *Janet Meissner, Teen Pregnancy Prevention Coordinator, Great Falls, Montana, 1996*

Comprehensive Teen Pregnancy Prevention Strategies

Principles of program development:

1. It is hard to change behavior
2. There are no "magic bullets" -no one intervention that will rapidly reduce teen pregnancy rates.
3. You have to do it all - or at least make sure that all of it is being done and is accessible.
4. Models exist for each program component. While more and better evaluation research is desirable, we know enough about what works to proceed.
5. Interventions should be targeted. Everyone doesn't need everything. Design programs that focus on the characteristics of high-risk youth that are responsive to their needs.
6. Planning is essential — Whom to target? With what? Who will do the work? Who will pay for it?
7. All the pieces (components) have to be integrated together into a comprehensive package. If they remain fragmented and isolated, efforts will be duplicated and high risk kids will fall through the cracks.
8. The pregnancy prevention effort has to be integrated with other efforts to assist high risk kids and their families.
9. Programs need to be sustained, continuous and long-term. One shot programs don't work.

Joy G. Dryfoos is an independent researcher, writer, and lecturer supported by the Carnegie Corporation for long-term youth-at-risk project.

Guidelines for Communities

The following guidelines are helpful as communities develop a comprehensive Adolescent Pregnancy Prevention Plan.

- Clearly defined goals and measurable objectives — both short & long term
- Collection & analysis of community data
- Efforts focused on influencing:
  - a: knowledge
  - b: evaluation
  - c: attitudes
  - d: behavior
- A process to evaluate existing programs proven to be effective
- Focus comprehensive efforts on primary, secondary and tertiary prevention
- Programs for males, females, parents & families
- Efforts address:
  - a: school performance
  - b: poverty
  - c. sexual abuse
  - d. media
  - e. education / skills training
  - f. individual & family resiliency factors
  - g. promotion of abstinence, return to abstinence, & sexual responsibility
  - h. family planning & contraceptive use in sexually active teens
- Program implementation which includes :
  - a. outreach
  - b. multi-media campaign
  - c. training for individuals implementing the programs
- Efforts/activities sensitive to developmental, economic, social & cultural issues
- Commitment to long-term/sustainable funding:
- Broad-based community involvement which includes youth & parents:
- Identified community champion
- Is a public/private partnership
- Evaluation Plan includes:
  - a. process, outcome & impact
  - b. data and information being accurate and reproducible

Source: Researched & Compiled by the PATH Task Force, 1996.

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Effective Teen Pregnancy Prevention Programs

Education Programs

The following three programs highlight successful approaches to teen pregnancy prevention. Although there are no simple solutions, these programs have been evaluated and show promising results.

These programs impart knowledge and explore attitudes about human development, relationships, personal skills, sexual behavior, sexual health, sexuality and culture. Programs are most effective that actively involve adolescent participation, focus on skill building and refusal skills, are relevant to all sexual orientations, and are culturally specific and sensitive. Sexuality education should be integrated into comprehensive health education, and use peer counseling and support when appropriate.

Postponing Sexual Involvement (PSI)
Developed for eighth graders by the Emory University School of Medicine and Grady Memorial Hospital Teen Services in Atlanta, Georgia. Five, one hour sessions taught by peer equators. Reduction in those becoming sexually active. Cost: $149.00 includes videos.

Reducing the Risk (RTR)
This is a school-based approach to pregnancy prevention for tenth graders emphasizing avoidance of unprotected sex either through abstinence or contraceptive use for those who choose to be sexually active. Sixteen, 45 minute class periods. Results showed a 24% reduction in those becoming sexually active. Increased use of contraceptives by those initiating intercourse after the program. No significant effect on those sexually active prior to the program. Cost: $42.95 (set of 5 student workbooks, $18.95)

Wise Guys
An innovative program in Greensboro, North Carolina funded by the Adolescent Pregnancy Prevention Program, focuses solely on male responsibility to boys 10 to 14 years old. Counselors meet with small groups of boys in the schools once a week for 10 weeks. Topics include self-esteem, abstinence, contraception, sexually transmitted diseases, goal-setting, parenthood and dating violence. A recent study by William Phillibar showed that for the first four years of the program sexual activity among teens decreased while they were in the program and for up to six months after it was over.

(Governing, January, 1997)

Contraceptive Access Programs

These programs are most effective when they offer counseling, supplies and follow-up care for proper and consistent use.

School/Community Program for Sexual Risk Reduction Among Teens
This school and community-based pregnancy prevention program in Denmark, South Carolina, provided access to contraception. A school nurse-provided counseling, gave condoms to adolescent men and took adolescent women to the county health department family planning clinic for contraceptive services and supplies. Community-wide outreach campaign.

Note: *When key personnel, that were instrumental in implementing program, were no longer part of the program and condom distribution decreased, birth rates increased.*

Multi-Faceted Programs

Multi-faceted programs offer a comprehensive, broad range of services to reduce sexual risk-taking. They are most effective when they help adolescents choose alternatives to early pregnancy and childbearing by providing vocational training, academic tutoring and encouragement, career counseling, part-time employment, or involvement in community service. Often, a life options curriculum is offered as part of a comprehensive program that includes sexuality/reproductive health education and/or life skills training. Although these programs are costly to implement and to maintain, they are especially important for disadvantaged youth who are at an increased risk of early childbearing. *

Children's Aid Society's Family Life and Sex Education Program
This is a long-term, holistic, multidimensional adolescent sexuality and pregnancy prevention program in New York City, for youth, parents, and adults. Its broad spectrum of components include job and career awareness, family life and sex education, medical and health services, mental health services, academic assessment and homework help and guaranteed college admission upon completion of high school and upon the project director's recommendation. Self-esteem is nurtured through encouragement in performing arts and lifetime individual sports. Evaluation of replicated programs show that participants have a pregnancy rate that is approximately one-third the national average. *

* **Source:** *Programs At A Glance: Promising Adolescent Pregnancy Prevention Programs. Compiled by Cristina S. Herdman, International Clearinghouse Coordinator, 1996. Card J, Starr N, Mallari A, and Farrell W. "The Program Archive on Health & Adolescence: Promising Prevention Programs in a Box", Family Planning Perspectives, 28 210-220, 1996*

Data Notes and Sources

METHODOLOGY

Our data is presented in two ways: counts and percents; The following is a brief discussion concerning each method.

COUNTS

The most direct measurement of any phenomena is its *count*, or the number of times a particular event occurs over a given period of time. Counts are important in assessing the nature of a particular phenomenon. Counts must be interpreted with caution however, as they do not allow for appropriate comparisons across different population bases.

PERCENTS

A percent is a method of measuring the probability of an event. A percent is calculated by taking the number of cases in any category and dividing it by the number of cases in **all** categories then multiplying it by 100.

STATE AND COUNTY DATA

Pregnancies: An approximation of the number of pregnancies in a given population can be established by adding the number of abortions, fetal deaths and births. This will not be exact because there will be miscarriages that go unreported because of circumstances that surround the event. The miscarriage may be unrecognized by the mother or if the event comes to the attention of medical personnel and the fetus weighs less than 500 grams.

Induced Abortion: A legal, medical procedure that is intended to terminate a pregnancy without live birth.

Fetal Death: The reported birth of a fetus that shows no evidence of life after complete birth — that is, no action of the heart, breathing or movement of voluntary muscles. Montana law requires report of fetal death if (1) the fetus weighed 500 grams or more or (2) the birth took place after 20 weeks of gestation. There is no provision in Montana law for reporting the birth of a non-viable fetus with a lower gestational age and weight.

Live Birth: The birth of a child who shows evidence of life after complete birth. Evidence of life includes heart action, breathing, or movement of voluntary muscles.

Data Source: Vital Records and Health Statistics, Montana Department of Public Health and Human Services, Helena, Montana.

DEFINITIONS

Infant: An individual less than 365 days (one year) old.

Percentage of Low Birth Weight. The percentage babies of low birth weight are those who weigh under 2,500 grams (approximately)

Percentage of Very Low Birth Weight: The percentage of live births recorded as very low birth weight. Babies of very low birth weight are those who weigh under 1,500 grams (approximately 3 pounds, 5 ounces).

Births To Single Teens Under 20: The percentage of all infants who are born to mothers under the age of 20 and are not married at the time of birth.
How it was constructed — The number of teens who were unmarried at the time of birth was divided by the total number of births and multiplied by 100.
Comments — Reminder: these are births to teens who are not married at the time of birth - not teenage births.
Data Source — Vital Records and Health Statistics, Montana Department of Public Health and Human Services, Helena, Montana.

Note: *The data provided by the Department of Public Health and Human Services, Helena, MT, used in this report, does not represent an official report of the State of Montana, nor does it necessarily reflect the views of DPHHS.*

Dating at the age of 12 years is associated with a 91% chance of being sexually involved before the end of school, and dating by age 13 years is associated with 56% involvement.

Source: *Tsang R. Pediatric Annals, 1993*

Teen Pregnancy Prevention Activities In Montana

Healthy Mothers, Healthy Babies, Promoting Action For Teen Health Project (PATH) — PATH has focused its efforts on teen pregnancy prevention. The PATH task force has researched teen pregnancy extensively and developed guidelines for comprehensive approaches for either local or state efforts to reduce teen pregnancy. Community Activation Packets will be available Summer, 1997. In conjunction with the KIDS COUNT Project, the task force has developed this special report on teen pregnancy in Montana. The PATH Task Force developed and has sponsored Montana Teen Day since 1992. Teen Day, the 1st Tuesday in February, is an annual statewide effort to promote community celebrations that honor Montana's teens. In 1997, HMHB distributed over 400 Teen Day Community Activation packets.

Montana Communities — Teen pregnancy prevention planning processes and programs exist in a handful of communities across Montana. Some communities are just beginning community prevention planning processes, while others have progressed to initial program implementation. In a few locations, prevention activities have been implemented long enough to evaluate results. Communities committed to preventing teen pregnancy have been limited in their efforts, thus far, due to limited funding. Volunteerism, small private grants, limited Maternal - Child Health program funding, and in-kind contributions have enabled some communities to conduct planning processes and begin "bare bones" programs. Several communities in Montana are poised, ready to implement comprehensive prevention programs, but lack the funds to do so.

State Government — Under the leadership of Governor Marc Racicot, The Department of Public Health and Human Services (DPHHS) has made the prevention of teen and unintended pregnancy a priority for Montana. The Department's active involvement with local communities, legislative committees, state and regional task forces and coalitions, and other state agencies, has strengthened prevention efforts to reduce teen pregnancy and improve the lives of youth in our state. These efforts included: the Unintended Pregnancy Prevention Initiative, 1998-99 biennium Executive budget request made to the 1997 legislature to support a program to reduce unintended pregnancy, with a focus on teen pregnancy prevention; Teen Pregnancy Prevention Task Force was formed and developed State Government's Teen Pregnancy Prevention Plan; proposed 1997 Governor's Conference on Unintended Pregnancy and Teen Pregnancy; Updated Publication of *Trends in Montana Teen Pregnancies and Their Outcomes 1980-1995* (Spring 1997); Implemented a Social Marketing Pilot in Butte, Region VIII, Initiative to Reduce Unintended Pregnancy to begin statewide in Spring, 1997.

Education — The Office of Public Instruction (OPI) has several programs designed to prevent teen pregnancy or help students who are pregnant. OPI offers curricular help in Health Enhancement as well as technical assistance and a variety of health-related materials. Local school districts provide Health Enhancement (Health Education) at elementary, middle school and high school levels. The program varies from school district to school district dependent on the components of the curricula selected and the expertise of staff. In addition many districts have specific programs for high-risk youth: some have family resource centers/full service schools, programs for parents (parenting education), day care, before and after school programs, as well as assistance for pregnant teens ... all with a focus of retaining students in school to ensure academic success and graduation.

Montana KIDS COUNT

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